

POVERTY CYCLES IN UTAH: HOW TEEN MOTHERS HURT
THEMSELVES, THEIR CHILDREN, AND SOCIETY

by

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A thesis submitted to the faculty of
The University of Utah
in partial fulfillment of the requirements for the degree of

Master of Science

Department of Economics

The University of Utah

August 2013

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The University of Utah Graduate School

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ABSTRACT

In the current economic climate, reducing poverty and the number of persons on public assistance is a paramount issue. There are millions of Americans who are impoverished and whose children are likely to stay that way. Teenage motherhood is a huge risk factor for women and their families for entering into poverty. Teen births cost the public \$86 million a year in Utah alone. By reducing the number of adolescents who become pregnant, health care, welfare, and education costs would decrease while tax revenue and education completion rates would increase. This paper analyzes the relationships between teenage pregnancies and poverty. There is a profile of women in poverty in both the United States and Utah, focusing on female-headed households and children. Second, an analysis of the current sex education system on the national and state levels will provide insight into the gap of what teenagers learn in school and what they do not. Thirdly, the causes and consequences of teenage pregnancies are scrutinized. Finally, recommendations are made for the sex education system to increase knowledge and decrease risk factors of teen births. There are also proposals for how to help the students, parents, and the teachers increase communication and continuity in the sex education process. Reducing the amount of children born to mothers who themselves are still children in many ways would benefit society as a whole. There are economic and moral incentives for decreasing teenage birth rates across the state, as well as the nation.

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INTRODUCTION

This paper will examine poverty as a gender issue. Women make up more than half of unemployed and discouraged workers (Langston, 2010). Female-headed households are much more likely to be under the poverty line than other households. Most adults who came from impoverished parents were unmarried females with children (Little, 2012). To understand what causes the problem of poverty, it needs to be acknowledged that poverty is gendered. Teen pregnancy leads directly and indirectly to female poverty. One in every 20 teenage girls who became pregnant in 2012, gave birth to the fourth generation of public assisted children (Little, 2012). It leads down a path with less education and less income, resulting in lower living standards for mothers and their offspring (Smith, 2010). Poverty is a worldwide problem, but on the local, state level, there are areas that can easily be affected positively if only examined another way. Understanding how women become poor is the first step. Helping young women make the right choices to give them the best chance available is something that our society should strive to do.

While the United States has the largest economy in the world and one of the highest GDP per capita, it also has the highest teen pregnancy rates in the Western world (Feijoo, Alford, & Hauser, 2011; Guttmacher Institute, 2012). Births to teen mothers add unnecessary pressure on the economy and society, causing immediate costs to the economy in the form of health care and welfare programs for the mother. However, they

then cause compounded problems on top of the immediate ones, such as lowered education and income for these mothers, impoverished living environments for the children, and a life-time burden on society. Teen motherhood perpetuates the poverty cycle by putting women and their children into poverty, and then keeps them there. (Donohue & Levitt, 2001; Durex Network, 2010; Guttmacher Institute, 2012; Menacker F, 2004; Sundwall & Babitz, 2010).

Poverty is a concern in the United States, as well as in Utah. About 47 million people in the United States, or roughly 1 in 6, were considered poor last year (Yen, 2012). In Utah, more than 13.2% of the population lives under the poverty line and 15.7% of the children (Little, 2012). With about 298,500 people living in poverty in Utah, the issues supporting poverty need to be addressed, especially since projections are that that number is only going to get higher. Those who grow up poor are more likely to have children and grandchildren that will be poor, thus perpetuating the economic impact (Smith, 2010).

The economy is in a tenuous recovery, in addition to the rising poverty rates, and analyzing the causes and consequences of teen pregnancy may help with the fiscal burden to both the state and local economies. In the United States in 2004, tax payers paid over \$9.1 billion in costs related to teen pregnancies (Hoffman, 2008). These costs ranged from welfare, healthcare, loss of education and income, loss of tax revenue, and other costs. In Utah alone, the cost to tax payers was \$63 million (Hoffman, 2008). Between 1991 and 2008, there were approximately 70,552 teen births in Utah, costing taxpayers a total of \$1.7 billion. During that period, the teen birth rate fell by 27%, which saved the taxpayers of Utah \$40 million in just 2008 alone. The funds tied up in this huge financial

burden could be more efficiently put into other sectors of the economy. A decrease in births to teenage mothers would improve incarceration rates, education completion rates, drug use and crime rates, and gender wage and education gaps (Feijoo, Alford, & Hauser, 2011; NCPTUP, 2011; Sawhill, 2001).

By showing how teen pregnancy is a burden on society and how the current sex education system does not set up our teenagers for success, a new strategy for educating our teenagers comes out. By not avoiding the topic of sex, in hopes that young people will not encounter it, but educating them and illustrating the consequences of their actions, a decrease in teen births is possible. Being proactive with today's adolescents is going to be better for them and society as a whole than being reactive to the problems related to teen pregnancies. Our children, their future, and our future can all be improved if there were fewer babies born to mothers in their teen years.

The purpose of this paper is to analyze the relationships between teenage pregnancies and poverty. It is divided into four chapters with subsections in each chapter to elaborate. First, there is a summary of women in poverty in both the United States and Utah, focusing on female-headed households and children. Second, an analysis of the current sex education system on the national and state levels will provided insight to what teenagers learn in school and what they do not. Next is the causes and consequences of teenage pregnancies. Finally, there are recommendations for the sex education system to increase knowledge and decrease risk factors of teen births. Reducing the amount of children born to mothers who themselves are still children in many ways would benefit society as whole.

1. POVERTY

Poverty can be defined as a “state of a person who lacks a usual or socially acceptable amount of money or material possessions as demonstrated by the person’s income level being at or below the United States poverty level” (Little, 2012, p. 6). Many sources have found that growing up poor greatly increases a person’s chances of remaining under the poverty line in adulthood. Intergenerational poverty means two or more consecutive generations of a family continue in the cycle of poverty and government dependence (Little, 2012). Poverty is bad for the individual, their family, and the economy.

Poverty is more than a moral or ethical problem. It is an economic issue that has grave consequences for those in it and those who try to support poor people. It is an inefficiency in the economy and creates an income segregated society. There are many social costs to poverty, including lower education, lower productivity, and higher health costs (Haven, 2011; Hoffman, 2008; NCPTP, 2010). Poverty often goes hand in hand with crime rates and incarceration, low-priced housing and slums, and gang violence (Lichter, 1997). Poor families cannot help stimulate the economy because of their lack of disposable income and savings. Living paycheck to paycheck and buying only necessities does not allow people to have a cushion to fall back on when unexpected events or crisis happen. Those who grow up poor are more likely to have children and grandchildren that will be poor, thus perpetuating the economic impact (Smith, 2010).

1.1 Measures of Poverty

The federal government establishes a poverty threshold that is adjusted for family size. If a family's total income is less than the threshold, then each member of the family is considered to be in poverty (Little, 2012). Although looking at poverty rates is a quantitative approach, there are many other forums in which poverty may be examined. The Poverty Threshold method examines the income rates, but fails to take into account the issues of affordable medical insurance, healthcare access, hunger, or adequate shelter and clothing. Poverty is a far more complicated topic than the federal statistics may imply.

The 2012 Poverty Guidelines for the United States show that for one person the threshold of poverty is \$11,170 and for two people it is \$15,130. Therefore, for a single mother trying to survive with one child, she needs to make \$15,130 (Little, 2012). That is very little money for mother and child to live on.

Since 1963, the US Census Bureau has annually published the poverty threshold statistics, which has been the official measure of poverty for the United States government. The data are based on the Department of Agriculture's 1955 Household Food Consumption Survey, which stated that families of three or more persons spent about one third of their income on food (Smith, 2010). Using the results from this survey, the poverty thresholds are compared to the current Consumer Price Index and its annual adjustments for price changes. In addition to its statistical purposes, this data set is also used as the base of the Poverty Guidelines, which are used to determine eligibility for many governmental assistance programs. Some of these programs include Food Stamps, Head Start, and the Children's Health Insurance Program (CHIP) (Smith, 2010).

Since there are many factors that go into poverty, there are many forms of calculating and determining who are poor. The Consumer Price Index is one way to get a broader picture of what a family spends their livelihood on to survive. This measure is what the actual costs are to have the basic necessities of life, such as food, shelter, and clothing. It is compiled by the US Department of Labor's Bureau of Labor Statistics. The CPI can show the annual increases to the poverty level and serves as a gauge for determining whether an economy is healthy or not. Governments, business executives, labor leaders, and citizens use the index as a guide for making economic decisions. The main purpose is as a measure of inflation, but it is also used as a mean for income measurements and ability to purchase goods. While not calculated on the state level, Utah is in the West Region CPI, as well as Colorado, Kansas, Missouri, and Montana (Bureau of Labor Statistics, 2011). Between 2007 and 2010, the CPI increased by 4.76%. This means the costs of goods like groceries, gas, and other necessities have increased, while wages have declined (Smith, 2010).

Income is an observable indicator of poverty. One way the government measures income levels is with the per capita measurement. By examining what the average person in the United States and Utah makes, and comparing it to the CPI and the Poverty threshold, a story begins to emerge. Utah's per capita income in 2008 was second from the lowest at \$32,050 and was only 79% of the national average (Smith, 2010). Something that should be noted is the number of larger families and higher number of children in Utah and its affect on the actual per capital income. Utah has the largest average family in the nation with 3.13 people per household and the highest average fertility rate is 2.47 (Governor's Office of Planning and Budget, 2012). Large families

would bring the income averages down in Utah, but not so much as to be one of the lowest in the nation. Because of the recession, income per capita all over the nation has been dropping, including in Utah, which dropped 3.7% between 2008 and 2009 (Governor's Office of Planning and Budget, 2012).

1.2 Poverty in Utah

1.2.1 Utah vs. United States

Utah is a state that has its own identity and unique culture. The population in 2011 was 2.82 million people. The average income in Utah in 2011 was \$39,811, an increase from the year before by 2.5%. This is \$10,795 less than the national average (Governor's Office of Planning and Budget, 2012). It had a growth rate of 23.8% from 2000 to 2010, which was the third fastest in the nation (U.S. Census Bureau, Oct. 2011). The gender ratio is very close to being balanced with 49.8% of the population being female. Utah's population is predominately Caucasian who comprise 86.1% of the people. Hispanics made up 13% with all other ethnicities making up slightly less than 2%. The median household is 3.14 people, with an income of \$55,183 (U.S. Census Bureau, Oct. 2011).

Utah's poverty rate has always been lower than the national average. This is most likely a result of Utah's relative healthy economy compared to other states and its steady job growth. Although the Beehive State has fared relatively well compared to the other states in these hard economic times, residents still have not escaped unscathed. There are six counties in Utah that had a higher than national average poverty rate. In 2012, 13.2% of the population was living under the poverty (Little, 2012). Utah was ranked 14th in the nation in the percent of its population living in poverty. This was down from its 9th rank

in 2008 and an increase of 56,568 people (U.S. Census Bureau, Oct. 2011). There were also 383,031 adults and 215,010 children on public assistance in 2012 in Utah (Little, 2012). More and more people are finding themselves on the wrong side of the poverty divide due to higher unemployment, significant job losses around the country, and the overall economic downturn.

One important way Utah is different from the rest of the nation is the influence of the Church of Jesus Christ of Latter Day Saints (LDS or Mormons). With almost the majority of the state practicing or previously practicing, the Mormon Church helps shape society where welfare is a more private matter compared to a government matter (Riley, 2012). The Mormon welfare system has also helped decrease the amount of poverty in Utah, as well as those who receive federal aid (Dunn, 1996).

The LDS church encourages financial self sufficiency, including saving money and storing a year's worth of canned food and provisions in their homes in the case of a natural disaster. This self sufficiency also discourages accepting government aid and welfare. However, the LDS church does concede that circumstances arise where people need help obtaining basic necessities. Both the church's welfare system and the Relief Society were formed to meet these needs of society (Dunn, 1996; Riley, 2012).

According to Elizabeth Dun, "Allocating funds or goods from the LDS charity program is entirely up to the bishop. He prays, and if he receives 'divine guidance' that the person or family in question should be helped, he can allocate whatever amount he feels necessary. The only requirement is that the potential recipient be 'judged worthy' The recipient should be an active member..." (Dunn, 1996). Also these recipients need to be actively trying to improve their current situations, by job hunting, evaluating their budgets, or

increasing their education or training levels for an improved position. The LDS church offers programs to assist people in all of these actions (Riley, 2012).

Arguably, the LDS church's "bishop storehouse" is a unique organization. It is a huge, 15 acre warehouse that contains the millions of products whose sole purpose is to be given away to those in need. Seventy percent of the goods in the warehouse are produced or manufactured by business run by the Mormon Church (Riley, 2012). In addition to donating food to the storehouse, all members are expected to donate 10% of their income in addition to their time to the church to help others. These donations of money and time are seen as moral and ethical necessities that members perform even when they have very little to give. It is an exercise of humbling and "keeps welfare from corroding the souls of recipients." The people who receive these gifts of food in times of need are expected to "work for" their gifts by giving their time or money later (Dunn, 1996).

1.2.2 Gender Poverty

Poverty is often looked at as a gender problem because of the unequal distribution of income and wealth among men and women. This can be seen not only in Utah, but nationwide and worldwide. Women have higher incidents of poverty, are more likely to be in poverty in all age categories, and are more likely to have their next generation stay in poverty. In addition, female-headed households have much higher rates of poverty (Little, 2012; Lichter, 1997). Women in every status had higher numbers compared to men for public assistance. The important numbers to look at are the divorced females and the females separated over a year. Their numbers are 3.6 and 4.8 times bigger,

respectively. There are approximately 4,100 more single women than all men on public assistance (Little, 2012). About half of the young mothers live alone, with neither a male partner nor a parent (Maynard & Rangarajan, 1994).

While both genders did experience an increase in numbers of those living in poverty, women's percentage change and total numbers grew more, making 13.1% of women and 10.6% of men in 2010 (National Women's Law Center, 2011). Mothers are more likely to spend their income on their families than fathers. The United States poverty guideline for a family of three is \$18,530 (Smith, 2010). Roughly 14% of Utah's family households with children are headed by women (Langston, 2010). Almost one-third of female-headed households are in poverty. In comparison, only 13% for single male-headed families and 6% of married couples with children were in poverty (Langston, 2010). The number of Utahns receiving food stamps rose from 55,907 to 97,258 between 2008 and 2009 (Haven, 2011). Also the unemployment rate of 2010 was the highest the state has seen in over 25 years, at 7.4% of the labor force (U.S. Census Bureau, Oct. 2011).

1.2.3 Child Poverty

There are more children in Utah as a percent of the population than anywhere else in the nation. Those under the age of 18 made up 31.5% the population (U.S. Census Bureau, Oct. 2011). Unfortunately, 18% of those children live with a single parent, 11% live below the federal poverty line, 4% live in extreme poverty, and 12% have no access to health insurance (Haven, 2011). The number of Utah children living in poverty has remained fairly steady for the last decade, but has been on the rise. Between 2005 and

2010, the number of children in Utah living below the poverty threshold increased by 45%, from 11% to 16% of the child population (McKittrick, 2012). For 2008 the number of impoverished children was 91,706 (Haven, 2011). It is estimated that child poverty costs this country about \$500 billion per year. It reduces productivity and economic output by 1.3% of GDP, increases health expenditures by 1.2% of GDP, and raised crime costs by 1.3% of GDP (Smith, 2010). In addition to the financial costs, the learning, growth, and development, as well as social and behavioral actions in the economy are hindered.

The costs related to poverty have negative impacts not just on those in poverty, but also on those who are not and those who are about to be in it. There are adverse outcomes for the individuals other than the immediate lack of necessities, including worsening health, increased criminal activity, and a lowering of confidence. For the labor force as a whole, high unemployment for extended periods of time can lead to a diminishing of skills, abilities, and knowledge that can be indispensable. Having a motivated and educated workforce is also essential for economic advancement.

1.3 Unemployment and Working Poor

While unemployment is not a measurement of poverty, they are highly correlated. Unemployment can be viewed as an indicator as to the likelihood of being in poverty, because those without jobs are not able to earn the income to afford necessities. Similarly to poverty, Utah has a lower than national average unemployment rate. This again is due to the strength of Utah's economy and business stability. In the present economic crisis, unemployment has doubled between 2008 and 2010, going from 3.6% to 7.2%. While the

national average is declining, Utah's has surprisingly not shown the same recovery. With high unemployment, less money is being put back into the economy to strengthen it and workers become discouraged. There are nearly five unemployed workers for every one job available and the average time spent being unemployed is 8 months. Utah women generally experience higher unemployment rates than do Utah men. The exception is during recessionary periods when male jobless rates exceed those of females (Smith, 2010).

Being impoverished does not always result from unemployment. Many Utahns in poverty are employed, more so than the nation as a whole. Women make up the largest share of discouraged workers. Discouraged workers are those who have stopped looking for work because they believe they cannot find a job (Smith, 2010). These numbers may indicate that many local jobs do not pay enough to provide adequate resources and living standards to the low income earners. For example, the minimum wage is \$7.25 an hour. A full-time minimum-wage worker earns only \$15,080 a year. A single mother with two children who works full-time for minimum wage would fall below the poverty line. Part-time workers are struggling more than their full-time counterparts; 17.3% of all part-time workers in Utah lived in poverty, compared to 2.7% of full-time workers (Smith, 2010).

Handling the issue of poverty in Utah, also in the United States, is a complicated process. While giving money to the poor does help the problem, it does not solve the root of the problem. There are many concerns and factors that go into the causes of poverty, not just lack of income. Women clearly make up an unproportionate percentage of the poor. By looking at the determinants, some of the poverty may be alleviated.

1.4 Wage Gap

Although women are more likely to work in Utah, they make significantly less than the average American woman. On average, Utah women made 69% of annual male earnings; but nationally, the male/female wage ratio is 78%. Data from the 2008 American Community Survey for Utah show the median earnings for year-round, full-time male workers at \$45,000. The comparable figure for female workers measures \$31,200 (Langston, 2010). Despite having the fourth worst ranking in gender wage gaps, it is up from its 1990 spot at number one. Surprisingly, White women and men show a much larger wage gap than those from minority groups. The largest wage gap occurs between men and women with less than a high school education and the smallest wage gap occurs for those with advanced degrees (Langston, 2010). In 2011, women in Utah working full time made 69 cents for every dollar a man was paid (National Women's Law Center, 2011).

2. SEX EDUCATION

The sex education system in the United States is outdated and does not reflect the attitude of all Americans. Our youth are growing up and not being given all the information relevant to their reproductive health. Those in charge of making the decisions and shaping the curriculum are omitting safe sex practices. Here are some facts about our high schools;

- While only one-third of Americans believe that sexual intercourse should only occur in marriage, 93% believe in sex education at the high school level (Landry, Darroch, Singh, & Higgins, 2003).
- Data from the School Health Policies and Programs Study in 2000 found that 92% of junior high schools and 96% of high schools taught abstinence as the most important way to avoid pregnancy, HIV, and other sexually transmitted diseases (STDs) (Landry, Darroch, Singh, & Higgins, 2003).
- Only 21% of junior high and 55% of high school teachers taught the correct use of condoms (Santelli, 2006).
- Of the 69% of school districts nationwide that administered sex education classes, 35% taught that abstinence was the only positive choice outside of marriage and the ineffectiveness of contraception for prevention of pregnancy and STDs, assuming contraception was covered at all (Landry, Darroch, Singh, & Higgins, 2003).

Between 2006 and 2008, the majority of teens received formal sex education. Ninety-three percent of high school students received instruction on sexually transmitted diseases, 89% were taught about HIV, and 84% were taught abstinence only. However, teenage boys reported only 62% and girl teenagers 70% having received education on contraception (Guttmacher Institute, 2012). While these numbers are encouraging for the fact that more teenagers are getting the information, it may not be in time. Of the teens that had sex, 46% of males and 33% of females did not receive formal education about contraception before they had sex (Guttmacher Institute, 2012).

National organizations such as the American Medical Association, the American Academy of Pediatrics, and the National Academy of Sciences agree that abstinence is the best method for preventing pregnancy and sexually transmitted infections (STIs), but it is not enough to only teach abstinence. These organizations recommended that schools implement comprehensive sex education lessons, including information on abstinence, but also contraception and prevention methods in hopes to reduce their number of partners and risky behaviors (Landry, Darroch, Singh, & Higgins, 2003).

It is naïve to believe that because teenagers are taught abstinence in school they will obediently adhere to that ideal. There are so many other sources of information that are not regulated that are available to teens, many of which rival the parental or educational influence. Peers and the media are in the face of teenagers everyday and are more aggressive about their message. So while some educators and policy makers want to believe that if sex is not talked about in school, teens will never know of its existence, it is futile.

The average age of first intercourse, according to the Kinsley Institute, is 16.9 years old for males and 17.4 years old for females. By the age of 20 years old, 85% of men and 81% of women have had sex. The age of first intercourse varies by ethnicity, African Americans being the youngest on average at 15.8 years old, then Caucasians at 16.6 years old, then Hispanics at 17 years old, and then Asian American at 18.1 years old (Mosher William, 2005).

Clearly the idea that our teens are not having sex is false. The main, and sometimes only message for teenagers is that sex before marriage is detrimental to their lives, but Americans are losing their virginity in sophomore and junior years of high school, well before marriage. Instead of trying to mold our teenagers into what our ideal young adult should be through school, better results would come from changing the curriculum to fit those whom it is teaching. One interesting fact is that Utah is the only state to prohibit its teachers from responding to students' spontaneous questions in ways that conflict with the law's requirements (Guttmacher Institute, 2012).

2.1 Funding

The federal government began supporting abstinence promotion programs in 1981 through the Adolescent Family Life Act (AFLA). This bill was introduced by Senators Jeremiah Denton (R-AL) and Orrin Hatch (R-UT) as an amendment to the Public Health Service Act of 1970. The AFLA was a "chastity"-based program that promoted abstinence but allowed discussion of other forms of contraception and health topics (Santelli, 2006).

There have been major expansions in federal support for abstinence education since 1996. Two of the most important of these expansions are Section 510 of the Social Security Act in 1996 and Community-Based Abstinence Education (CBAE) projects in 2000. Section 510 provides an eight-point definition of abstinence-only education and stresses that programs must have as their "exclusive purpose" the promotion of abstinence outside of marriage and may not in any way advocate contraceptive use (Santelli, 2006). Funding provided by Section 510 was \$50 million from annual grants which was then to be added to by the state governments totaling \$37.5 million annually (Landry, Darroch, Singh, & Higgins, 2003).

The CBAE bypasses state governments' approval processes, giving grants to community organizations, including faith-based groups. The intent of law makers with the CBAE was to create "pure abstinence-only programs." Programs with CBAE funding may not provide information to young people about contraception or safe sex practices, even with their own nonfederal money. Both Section 510 and CBAE programs prohibit advocating contraceptive use, and discussing sexual orientation, gender identity, and other aspects of human sexuality. Federal funding for abstinence-only programs has increased from \$60 million in 1998 to \$168 million in 2005, predominately for CBAE programs (Santelli, 2006).

Looking at national surveys, federal funding and its regulations for educators is not in line with what most of the general public want. Also, the true objectives of bills such as Section 510 and the CBAE are not being met. Six out of 10 sex education teachers reported teaching about contraception and its use against pregnancy and STDs (Landry, Darroch, Singh, & Higgins, 2003).

2.2 Ineffectiveness of Abstinence-Only Education

Americans most likely will not remain abstinent until marriage and most Americans initiate sexual intercourse and other behaviors during adolescence. The average age of marriage in the United States is 26.9 for women and 28.9 for men, and in Utah it is 23.5 for women and 25.7 for men (Langston, 2010). By the time Americans have reached the age of 24, 89% of men and 92% of women have had sex (Trenhold et al., 2007). Contrary to policymaker's beliefs, people are not waiting for marriage to have intercourse.

While vaginal intercourse might be on the decline, that does not mean that other sexual acts are following suit. Noncoital acts are on the rise among teens. They view acts such as oral or anal sex as a loop hole to staying virgins, thinking vaginal sex is the only way to lose one's virginity. Over half of teenagers, 54% of girls and 55% of boys, have either preformed or been given oral sex and 1 in 10 have had anal sex. Both oral sex and anal sex were common in those that considered themselves virgins and those who did not. The initiations of vaginal intercourse follows closely with that of oral sex; about 6 months after first vaginal intercourse, 82% of adolescents had also engaged in oral sex. White children were the most likely to have participated in oral sex (Lindberg, Jones, & Santelli, 2007).

When looking at longitudinal data, Santelli stated that abstinence "as practiced by American teenagers often fails to protect against pregnancy and STIs." He later went on to say, "a recent emphasis on abstinence-only programs and policies appears to be undermining more comprehensive sexuality education and other government-sponsored programs. Abstinence-only education programs, as defined by federal funding

requirements, are ethically problematic, because these programs withhold information and promote inaccurate information and questionable opinions” (Santelli, 2006, p. 9).

Abstinence-only education (AOE) often exaggerates or misrepresents the mental health consequences of premarital sex. One example of misguided information is that in federal AOE funding language, it requires teachers tell their students that sexual activity outside of marriage is likely to have harmful psychological effects. While there may be a few cases where this is true, the Society of Adolescent Medicine found no scientific data suggesting that consensual sex between adolescents is harmful. The same cannot be said for forced or coerced sex, which does have harmful effects on women of any age. Similarly, many anti-abortion enthusiasts have created a pseudo-scientific psychological diagnosis of “postabortion syndrome” for women suffering from psychological trauma after an abortion. However, neither the American Psychological Association nor the American Psychiatric Association recognizes the diagnosis. There are studies showing the lower risk of psychological harm following an abortion. Also, the postprocedure reports on distress and dysfunction are lower than preprocedure, increasing well-being and improved psychological function 1 to 2 years later (Santelli, 2006; Trenhold et al., 2007).

The government is also noticing these inaccuracies in the information being used in defense of the current curriculum. Representative Henry Waxman led a review by the Committee on Government Reform of the House of Representatives on the content of commonly used, abstinence-only curricula. They discovered that 11 of the 13 curricula contained false, misleading, or distorted information about reproductive health, including inaccurate information on contraceptives and their effectiveness and the health risks with

abortions. According to Santelli, the education plan promoted gender stereotypes as scientific fact and blurred religious and scientific viewpoints (Santelli, 2006).

In July of 2005, Representative Waxman criticized (Utah's own) Department of Health and Human Services (HHS) Secretary Michael Leavitt and the DHHS website, www.4parents.gov, for having inaccurate information on STIs and condoms. In addition the information on the website was not grounded in scientific fact nor backed by experts such as the CDC or the American Academy of Pediatrics. The content was from the National Physicians Center for Family Resources, a supporter of the AOE (Santelli, 2006).

Santelli said, "Our review suggested that the politics around AOE programs is causing systematic harm to a variety of domestic public health programs and international HIV-prevention programs. Abstinence-only education appears to be replacing more comprehensive forms of sexuality education in many communities" (Santelli, 2006, p. 17).

Another example of policy makers throwing their weight around this issue was the abrupt cancellation by DHHS of Programs that Work from the Division of Adolescent and School Health at the Centers for Disease Control and Prevention. The Programs that Work was a thorough, peer-reviewed process to identify programs that were effective in changing adolescent sexual risk behaviors. In 2002, the program and website disappeared without notice. Some believe that the cancellation was a result of the CDC's failure to state that abstinence-only programs were effective in reducing teenage sexual activity (Santelli, 2006).

2.3 Proposed Law Limits Teachers Further

As the section above discusses, abstinence-only education has many unconstructive results. Recently, policymakers and their companions tried to further abstinence-only education by limiting the ability for discussions and access to information in schools. The Utah State Legislature passed a bill on March 6, 2012 that allowed schools to no longer teach sex education and prohibit instruction in the use of contraception. The vote on HB 363 passed with 45 in favor and 28 opposed in the House. After this decision, parents would have to elect to put their children in sex education classes; however, districts may choose not to offer these classes at all, and if they do, they must teach abstinence-only (Schencker, Legislature Passes Bill to Let Schools Drop Sex Education, 2012).

Governor Herbert vetoed the bill the day it arrived on his desk. His initial response stated on his Twitter account was, "I just vetoed HB363. I cannot sign a bill that deprives parents of their choice" (Gehrke, 2012, p. 2). The current system of "abstinence-only" education will stay in place with no alternations, for now.

There were many outspoken people on both sides of the debate. The Republicans who backed the bill and their supports believe that teaching sex education that is more than abstinence-only is encouraging delinquent and irresponsible behavior. "To replace the parent in the school setting, among people who we have no idea what their morals are, we have no ideas what their values are, yet we turn our children over to them to instruct them in the most sensitive sexual activities in their lives, I think is wrongheaded," said Sen. Stuart Reid, R-Ogden. "We've been culturally watered down to think we have to teach about sex, about having sex and how to get away with it, which is intellectually

dishonest," said bill sponsor Rep. Bill Wright, R-Holden. "Why do not we just be honest with them upfront that sex outside marriage is devastating?" (Schencker, Sex Education Bill, 2012, p. 3). "I recognize that some parents do not take the opportunity to teach in their own homes, but we as a society should not be teaching or advocating homosexuality or sex outside marriage or different forms of contraceptives for premarital sex," said Sen. John Valentine, R-Orem (Schencker, Legislature Passes Bill to Let Schools Drop Sex Education, 2012).

"I think that our children are so important and we cannot afford to tell them anything but the truth...and the truth is the only way to protect yourself physically and emotionally is to abstain from sex until you are married and to be faithful in a relationship," said Dalane England, Utah Eagle Forum vice president of issues. "When you have the truth and the whole truth you do not need anything else." Dayton said it was important to pass the bill to make sure the State Office of Education could no longer endorse Planned Parenthood material or websites (Schencker, Legislature Passes Bill to Let Schools Drop Sex Education, 2012, p. 3).

Gail Ruzicka, a support of the bill, called the decision of Gov. Herbert "a sad day for the children of Utah." Sen. Margaret Dayton from Orem who cosponsored the bill said that teaching children about contraception was similar to telling children to stay away from drugs, but showing them how to use the drugs. She went on to say "What was one of the major goals of running the whole bill was to make sure we de-couple the State Office of Education from the Planned Parenthood Web site and vice versa," she said. At the time of the decision, the State Office of Education had already pulled its official approval of Planned Parenthood presentation last year that has been used as part of fifth-

and sixth-grade lessons on maturation, not sex education (Schencker, Utah House Passes Bill to Allow Schools to Skip Sex Ed, 2012, p. 4)

The other side of the debate had equally passionate viewpoints. To counter Reid's argument, Sen. Ross Romero, D-Salt Lake City, said lawmakers must understand that not all children will be taught the topic if it is not done at school. "We've been discussing this as if every child has the benefit of two loving and caring parents who are ready to have a conversation about appropriate sexual activity, and I'm here to tell you that's just not the case," Romero said. Liz Zentner, Utah PTA president-elect, said after the vote she was "totally shocked." The Utah PTA opposed the bill. "I just can't believe they did this," Zentner said. "I think they're going to have to revisit it in a couple years when the teen pregnancy rates and teen (sexually transmitted disease) rates shoot through the roof," (Schencker, Legislature Passes Bill to Let Schools Drop Sex Education, 2012, p. 6)

"You cannot speak of abstinence without talking to students about methods of birth control that are not certain, about protecting oneself from (sexually transmitted diseases) and all the things that can happen in a negative sense to a young person who engages in sex," said Rep. Carol Spackman Moss, D-Holladay. "It's really immoral not to teach kids about what the consequences are," (Schencker, Legislature Passes Bill to Let Schools Drop Sex Education, 2012, p. 4). Rep. Rebecca Edwards, R-North Salt Lake, said the present system already allows adequate local control. Rep. Patrice Arent, D-Millcreek, noted that parents already have the choice not to put their children in sex education (Schencker, Sex Education Bill, 2012).

Rep. Brian King, D-Salt Lake City, is another Congressman who opposed the bill, making similarities to the debate on global warming and those who call it a hoax. He

called it the type of thing that makes "reasonable people think we have lost it up here on the Hill." Many students will have sex before marriage despite their parents' wishes, he said. "We owe it to our sons and daughters and to their future partners not to stick our heads in the sand," King said. "In truth, few of us are up to the task of effectively teaching our kids ourselves the things they need to know about sex." King went on to say that that not everyone believes premarital sex is destructive, and we should not "force our beliefs down the throats" of those Utahns (Schencker, Sex Education Bill, 2012, p. 7).

2.4 Utah, the US, and Europe

The United States has seen a decline in their teenage pregnancy rates since the 1990s. While these are positive results, they are still considerably higher than their European brethren. There are many countries in Europe who have smaller teen birth rates than the state of Utah. American teens account for about 71% of all teenage births occurring in all developed countries (Advocates for Youth, 2008). In 2006, the teen pregnancy rate per 1,000 women was 71.5 for the US, 25.7 for France, and 14.1 for the Netherlands (Feijoo, Alford, & Hauser, 2011; Guttmacher Institute, 2012). Utah has a teen pregnancy rate of 47 per 1,000 (Office of Adolescent Health, 2012). Clearly, the education system and cultural influences in Europe are more efficient than those in Utah and the United States. There was a higher discrepancy between teen birth rates in the late 2000s. Dutch teens gave birth at a rate of 5.3 per 1,000; 7.1 in France, 9.6 in Germany, 30.7 in Utah, and 34.5 in the United States (Feijoo, Alford, & Hauser, 2011; Office of Adolescent Health, 2012). The state of Utah had six times the rate of teen births as the Netherlands. Even compared to Canada, the United States has more than twice the rate of

teen pregnancies, which is 27.9 per 1,000 (McKay & Barrett, 2010). American teens are lacking in their education of sexual behavior compared to the European teens. There are several factors that need to be examined to improve the American sex education system.

Advocates for Youth, established in 1980 as the Center for Population Options, focuses on the reproductive and sexual health of young people ages 14 to 25. Since 1998, Advocates for Youth have regularly conducted studies on Europe's and the United States' teenage sexual behavior and health. The participants in these studies are policy makers, researchers, youth serving professionals, foundation officers, and young people. What they have found is that there are two influences that differ between the two areas; societal openness to sexuality and pragmatic governmental policies. The social philosophy of countries such as France, Germany, and the Netherlands follow is the mission statement of Advocates for Youth: rights, respect, and responsibility. These countries believe in their youth to make good life decisions. "We'll respect your right to act responsibly and give you the tools you need to avoid unintended pregnancy and sexually transmitted infections, including HIV," (Feijoo, Alford, & Hauser, 2011, p. 1). This differs from the view point of American policymakers, which is if we do not tell them about sex, they won't do it. While the cultures of Europe and the US differ greatly in their views on teenage sex education and behavior, one seems to have better results from their sex education program. The sexual health outcomes for French, German, and Dutch, as well as the rest of European, teens when compared to US teens are better in terms of pregnancy, births, and abortions (Durex Network, 2010; Feijoo, Alford, & Hauser, 2011)

One way that American teens are behind their European peers is in contraception use. Rates of use in the US have been increasing, but began to plateau in the early 2000s.

European teens, particularly females, consistently use contraception significantly more. French teenage girls are more than twice as likely to have been using contraceptive pills at last intercourse as young women in the United States, German teens were five times as likely, and Dutch teens were almost six times as likely (Feijoo, Alford, & Hauser, 2011).

Some of the lessons Advocates for Youth learned from their European studies was that views and beliefs have great importance when it comes to policy.

Adults in France, Germany, and the Netherlands view young people as assets, not as problems. Adults value and respect adolescents and expect teens to act responsibly. Governments strongly support education and economic self sufficiency for youth. Research is the basis for public health policies to reduce unintended pregnancies, abortions, and sexually transmitted infections, including HIV. Political and religious interest groups have little influence on public health policy. (Feijoo, Alford, & Hauser, 2011, p. 3)

These countries and others see the need to reduce their teen pregnancy and abortion rates and use factual information to dictate policy. They promote the use of condoms and contraception because it is effective. They also have government-supported media campaigns that are both consistent in their message and long term. These media campaigns are both direct and humorous, using the Internet, television, films, radio, billboards, clubs, pharmacies, and health care providers (Feijoo, Alford, & Hauser, 2011).

Another way Europe is unique is that all citizens, including young people, have convenient access to free or low cost contraception through their national health insurance. This is another way that sex has been socialized into the community. In the United States, young people have a more difficult time acquiring condoms and contraception. Some of these obstacles include confidentiality, cost, access, transportation, and embarrassment (Advocates for Youth, 2008). When a study was conducted on the ease of obtaining condoms by adolescents, the results would not give

any teenager comfort. Condoms were behind the counter in 83% of all convenience stores and 15% of drug stores (Advocates for Youth, 2008). This can lead to enough embarrassment or discomfort that it would ward off teenagers asking for them. Young females asking for help in locating or purchasing condoms experience hesitation or condemnation from employees 27% of the time (Advocates for Youth, 2008). Teenagers are already anxious enough when buying condoms that the added stress of encountering unhelpful or judgmental store clerks could influence teens to not use condoms at all.

In addition, sex education is not taught for just 1 year or even in a separate class, but it is integrated throughout the education system in Europe. Educators give accurate information and freely answer their student's questions. This openness continues at home. European families, Advocates for Youth have found, are more honest, open, and have consistent discussions with teens about sexuality. Families work with and support the role of educators and health care providers in making sexual health information and services available to teens. European adults see intimate sexual relationships as "normal and natural for older adolescents, a positive component of emotionally healthy maturation. At the same time, young people believe it is 'stupid and irresponsible' to have sex without protection. Youth rely on the maxim, safer sex or no sex" (Feijoo, Alford, & Hauser, 2011, p. 3).

The average age at first intercourse in the top 44 countries in the world was 18.4. Countries in Europe were all close to that average, with Spain being the highest at 19.4 and Iceland being the lowest at 15.6. Germany's average age was 17.6, the United States was 18, The Netherlands was 18.1, the United Kingdom was 18.3, and France was 18.5 (Feijoo, Alford, & Hauser, 2011).

Durex conducted a research study in 15 countries around the world on teenage sexual behavior. They asked over 15,750 young people from the ages of 15 to 20 about their knowledge, attitudes, and practices on sex. According to their surveys, the percent of people who have ever had sex was 65.6 in France, 80.4 in Germany, 70.4 in the Netherlands, and 66.8 in the UK (Durex Network, 2010). In the US, 85% of men and 81% of women have had sex by the age of 20 (Mosher William, 2005). The average number of sexual partners was 3.8 in France, 4.7 in Germany, 3.6 in the Netherlands, and 4 in the UK (Durex Network, 2010). The average number of sex partners for all adults in Germany was 5.8, the Netherlands was 7.0, France was 8.1, the United Kingdom was 9.8, and the United States was 10.7 (Durex Network, 2005).

All five of these countries start sex education within a year of each other, except France (France: 13.3 years old, Germany: 11.3 years old, Netherlands: 11.9 years old, UK and US: 12.5 years old) (Durex Network, 2005). These countries also acknowledge that sex education should start at 11 years old. Therefore, Europe and the United States are very similar when it comes to averages of losing one's virginity, age of first sex education class, and when sex education should start. Then why is this where the similarities end? European sex education promotes contraception and safe sex practices. There is also more discussion in the classrooms and at home, making teens well informed. Sexual behavior is respected, not taboo. American teens are the ones receiving the consequences of mediocre sex education, particularly compared to their European peers. While there is a difference in cultures, if American society could be more open about sexuality and its influences on our youth, teen pregnancy rates would decline to look like those of Europe's.

3. COSTS OF TEEN PREGNANCY

One in three teenage girls will become pregnant this year in the United States. In Utah, there was 3,745 births to mothers aged 15 to 19 in 2008 (Office of Adolescent Health, 2012).

Teen pregnancy is closely related to a number of social and economic issues, including poverty, decreased child well-being, health issues, loss of education of both mother and child, child welfare, and other risky behavior. There are also substantial public costs associated with adolescent child births. Consequently, lowering teen pregnancy can also alleviate the pressure on these and other problems. If there are less teen mothers on welfare and fewer children who are in disadvantageous positions, society as a whole would benefit from lower crime and poverty rates, and higher education and productivity.

The rate of teen pregnancies and births has decreased by almost one third since the mid-1990s. Although this is a great stride for our teenage daughters, it is still the case that about one-third of teen girls get pregnant by age 20. In 2008 alone, there were more than 400,000 births to teen mothers (NCPTUP, 2011). A report by the Nation Campaign to Prevent Teen Pregnancy found that the cost to American taxpayers from teen pregnancy totaled \$10.9 billion in 2008. The average annual cost to taxpayers associated with a child born to a teen mother is \$1,647 (NCPTUP, 2011). Nationally, the negative consequences for teen births for society can be segmented include \$2.3 billion for

increased public sector health care costs, \$2.8 billion for increased child welfare costs, \$2.3 billion for increased costs for state prison systems, and \$3.2 billion in lost revenue due to lower taxes paid by the children of teen mothers over their own adult lifetimes (NCPTUP, 2011). The costs are much higher in the public sector for younger teens, those aged 17 and younger, equaling about \$8.6 billion or an average of \$4,080 per mother annually (Hoffman, 2008).

Since the peak in the 1990s, teen childbearing has decreased. Because of this, approximately 70,552 teen births in Utah were prevented between 1991 and 2008. This saved Utah taxpayers \$1.7 billion (NCPTUP, 2011). It should be noted, the teen birth rate for the nation has decreased by 2 births per 1000 while the Utah rate has increased .3 births per 1000 since 2004 (Sundwall & Babitz, 2010).

3.1 Health Costs

Health care is one of the most expensive costs for teen mothers compared to their older peers. First, studies have found that teen mothers are less likely to take their children to see a healthcare provider than older mothers. Next, babies and infants, those ages from newborns to 4 years old, have annual health expenditures 25 to 40% higher for children whose mothers were 17 years old or younger at birth (Hoffman, 2008).

Once the mother reaches the age of 18, the health of the baby is much closer to those of older mothers. However, the costs for the public sector are still quite high. The average total health expenditures for infants less than a year old whose mothers is either 18 and 19 years old is 75% higher than older mother's children. After controlling for health-related risk factors specific to teen mothers, the cost for public healthcare services

for children of teen mothers aged 18-19 is higher than nonteen mothers, by approximately \$110 per child per year (Hoffman, 2008). The average hospital cost of a mother ages 15 to 17 in Utah is \$6,991 and for 18- to 19-year-olds is \$7,076 (Sundwall & Babitz, 2010). While some teenagers may be covered by their parent's private insurance, many either do not have insurance or are covered by Medicaid.

There are several programs available from the government, either state or federal, to help young mothers with health care costs. Some of those are Medicaid, Medicare if the child is disabled, State Children's Health Insurance Program (SCHIP), and Civilian Health and Medical Program of the Uniformed Services in the United States (CHAMPUS). Nearly 60% of health care for children of teen mothers under the age of 17 is covered by these programs. Children from 18-to-19-year-olds receive 63% of their medical care from these programs while children from mothers in their 20s only receive 50% or less. The average child of a young teen mother uses almost \$145 more in publicly provided health care annually than the child of a woman who had her first in her early 20s (Hoffman, 2008).

Pregnancy jeopardizes the health of a young mother and her child. Children who are born from unplanned pregnancies are more at risk for physical and mental health and developmental problems compared to children born as the result of an intended pregnancy. Mothers under 15 had the highest rates of anemia and eclampsia compared to all older mothers and a high rate of pregnancy-associated hypertension, second only to mothers who were 45 to 54 years old (Menacker F, 2004). Mothers under the age of 15 had the highest rates of premature birth, low birth weights, and infant mortality (Menacker F, 2004). One study by Child Trends shows that after controlling for

numerous background factors, 2-year-olds who were born as the result of an unplanned pregnancy had lower cognitive test scores than their intended peers (Why It Matters, 2012). The government has programs to help with the financial cost of pregnancy for young mothers. By decreasing the number of young mothers in need of federal aid, it would reduce the cost to public assistance.

3.2 Poverty Costs

Generally, unplanned pregnancies happened to a single woman which is another aspect of the problem of teenage motherhood. Children raised in a single parent household are more likely to be poor, drop out of school, and have lower grade point averages as well as attendance, and lower collage aspirations. As adults, being raised in a single parent household leads to lower income, higher divorce rates, and higher rates of crime and drug use (Why It Matters, 2012).

Teen pregnancy is a cause as well as a consequence of poverty. Many economically disadvantage young women are not given the right education or guidance and may make bad decisions that lead to teen pregnancy. Once they have a family, they are more likely to stay in or enter into poverty. Of all the families with young, unmarried mothers, two thirds are going to be poor (NCPTP, 2010). Frequently, the impoverished backgrounds of these teenagers contribute to poor school performance, weak social skills, and low wage and income earnings. The connections between poverty and adolescent child bearing are often over looked and ignored. However, elevating the pressures of one of these issues may reduce both problems. The increase in the last 30 years in child

poverty can virtually be related to the increase in nonmarital childbearing. Half of those mothers were teenagers when they gave birth (NCPTP, 2010).

When comparing states, those with higher poverty rates almost always have higher proportions of nonmarital teenage births. Generally, high rates of child poverty precede the high rates of teen births. Those minors living in poor communities with high crime rates, low income, high welfare use, and a single-female-headed household were at a higher risk for early pregnancies. This results in a disproportionate number of teen mothers living in areas generally characterized with low income, limited health care, poor schools, crime and violence, and inferior housing (O'Halloran, 1998). Approximately one in every four young mothers goes on welfare within 3 years of the child's birth (NCPTP, 2010).

A child has a 27% chance of growing up in poverty if their mother gave birth to them as a teenager, their parents were not married at the time of their birth, or if the child's mother did not receive a high school diploma. There is a 47% chance of them being in poverty if two of those events happened and a 64% chance of being in poverty if all three took place. However, this child will only have a 7% chance of growing up in poverty if none of the above happens. So, if all three things happen, a child's chance of growing up in poverty is nine times greater than if none of those situations happen (NCPTP, 2010).

3.3 Welfare Costs

Nearly half of all those women who receive welfare had their first child as a teenager (Sawhill, 2001). Young teen mothers, those who give birth before the age of 18,

will collect an average of \$37,000 in cash assistance from welfare, by the age of 35. This is a \$20,000 difference than if they had waited for their 20s to have a child. These mothers also spend a longer time receiving government aid, an average of 6.9 years. They will stay an average of 5.7 years on Food Stamps. On average, 11% of young teen mothers and 8% of older teen mothers received some kind of government housing assistance in a given year. Teen mothers receive more than \$4 billion in additional cash assistance, \$1.53 billion in additional Food Stamp payments, and \$1.73 billion in additional housing assistance compared to mothers in their early 20s (NCPTUP, 2011).

Between the years 1989 and 1998, studies showed that teen mothers were 2.2 times more likely to have a child placed in foster care during the first 5 years of the child's life compared to mothers in their early 20s (Hoffman, 2008). Also, they were twice as likely to be called on for abuse or neglect. By delaying birth from 17 to 21, studies found that it would lower the foster care placement likelihood by one third and rates of abuse and neglect would lower by 40% (Hoffman, 2008). The welfare cost nationally in 2004 was \$2.3 billion higher for teen mothers at first birth compared to mothers ages 20 to 21. If we applied the costs related to mother 20 to 21 to all the births to teenagers, the national cost for foster care placement would decrease by \$3.6 billion annually. Another way to explain how teen mothers hinder society is that if the number of teen births were given the same rate of foster care placement and abuse or neglect of mother ages 20 to 21, the number of incidents would decrease annually by about 58,000 and 884,000 respectively. The total annual costs for foster care, adoption services, and other associated child welfare programs would fall by \$2.26 billion if all teen mothers delayed their births by a few years (Hoffman, 2008).

3.4 Education Costs

Looking at the education these women receive before and after pregnancy is a key factor in reducing the costs, both socially and economically, from adolescent child bearing. Only 40% of young teen mothers graduate from high school, compared to about three quarters of women who delayed their first birth to age 20-21 (Hoffman, 2008). Hispanic mothers have even higher dropout rates, being closer to 50% (Maynard & Rangarajan, 1994). From that 40% of drop outs, 23% never receive their GED. Slightly older teen mothers only graduate 63% of the time and only 11% obtain a GED. Research shows that a GED certificate does not lead to the same income value as a high school degree (Hoffman, 2008).

When looking at testing scores for young mothers, the vast majority had exceptionally low basic skills on average. Most only had eighth-grade reading and math skills. In addition, over 25% scored below the sixth-grade level (Maynard & Rangarajan, 1994). A study done by Hotz, Sanders, and McElroy used a “natural experiment” where their sample was teenage girls who became pregnant. They looked at graduation rates and compared the women who gave birth and those who had miscarriages. Their results showed that by delaying the birth of their first child, women could increase their graduation rate by 7% or an increase of more than 15,000 female high school graduates (Hoffman, 2008). Interestingly, teen mothers who stay in school are almost as likely to graduate as those teenagers who do not become pregnant while in high school, 73% compared to 77%, respectively (O'Halloran, 1998).

Higher education has even bleaker completion rates. A woman who becomes a mother at 17 or younger only has a 2% chance of completing college. Being an older

teenage mother only helps by 1%, making it 3% who complete college. By waiting until their early 20s to have their first child, a woman triples her chances of completing college (Hoffman, 2008). Over the past 20 years, the median income for college graduates has increase 19% while the median income for high school drop outs has decreased 28% (NCPTP, 2010). There are many consequences for a lack of education. There is a lower educated society as a whole and an increased gender wage and education gap. The loss of income is also staggering.

While the likelihood of the mother dropping out of high school is much higher, the same goes for her child. There is some argument that the economic background is to blame for part of the dropout rate for these women and their children, but even taking that into account, there is still a greater chance that teen mothers and their offspring will drop out of high school. If mothers under the age of 17 delayed their births until their 20s, their children's dropout rate out would decrease by 10%. These same mother's children have an average of .8 fewer years of education (NCPTP, 2010).

3.5 Income

Average earnings among women aged 18-35 who had their first child under the age of 20 are about \$6,900 per year, which is \$3,350 less than the average of women who delay their first birth to age 20 or 21. Looking at the next 15 years, a teenage mother can expect to lose more than \$70,000, some estimate as much as \$85,000, in earnings.

Women who gave birth in their teen years are making an average of \$11,000 a year less in their 30s than women who gave birth in their 20s (Hoffman, 2008).

This is where the tax revenue loss comes in. The costs of teen pregnancy is huge and overignored. By being 18 or 19 at the age of first birth, a teen mother is responsible for \$10,500 loss in taxes for the government from their lack of earnings compared to if they did not have a teen birth. Combined, this is \$2.9 billion in taxes. In our current economic climate, that revenue would be greatly appreciated by state and federal governments. In 2004, Utah alone lost \$21 million due to their teen mother's lowered taxable earnings (Hoffman, 2008).

For mothers who gave birth when they were 18 or 19 years old, their children received on average a half a year less education than mothers 1 to 2 years older. An additional year of education from these children equals a total loss of earnings of \$1.1 billion. The tax revenue that could have been collected by the government from these children if they were not born to teen mothers would be approximately \$260 million. If we include and adjust for the average number of children an 18 or 19 year mother will have over their lifetime, the total tax loss is closer to \$630 million (Hoffman, 2008).

Taxpayers in 2008 paid \$10.9 billion. In Utah alone, the cost was at least \$86 million, 43% coming from federal cost and 57% coming from state and local costs. Some of these costs included \$10 million for public health care (Medicaid and CHIP), \$15 million for child welfare, and \$17 million for increased rates of incarceration linked to teen mothers, and finally, \$27 million in lost tax revenue due to decreased earnings and spending (NCPTP, 2010). Between 1991 and 2008, there were about 70,552 teenage births in Utah, which resulted in a bill of \$1.7 billion paid by the tax payers. Luckily, in that same period, the teenage birth rate decreased by 27%, possibly reducing those costs by \$40 million in 2008 alone (NCPTP, 2010). More than 70% of unmarried teenage

mothers will receive cash assistance within 5 years of giving birth and 40% will remain dependent on the welfare system for 5 years or more (O'Halloran, 1998).

3.6 Title X

Title X of the Public Health Service was created in 1970 by President Nixon and it is the only federal program devoted entirely to family planning. It prioritizes the needs of uninsured and low-income people for health care services, specifically for family planning. The mission behind it is to provide positive birth outcomes and healthy families and to assist parents in planning how many and how far apart to have their children. The grant does this by providing easier access to contraception, information, and supplies to low income families. It is run by the Office of the Assistant Secretary for Health, Office of Population Affairs (OPA) by the Office of Family Planning (OFP). The provisions of Title X state that 90% of congressional appropriations must be used for clinical family planning purposes. In 2010, Congress gave approximately \$317 million for the Title X Family Planning program (State Facts about Title X and Family Planning: Utah, 2011).

There are three main goals of Title X. First is training for family planning clinic personnel “through ten regional general training programs and three national training programs that focus on clinical training, enhancing quality family planning services for males, and/or coordination of training activities on the national level” (Office of Population Affairs, 2011). Next is the data collection and family planning research aimed at improving the delivery of family planning services. Finally is information distribution throughout community-based education and outreach activities. The goals also help make

Title X an evidence-based program that intends to supply high quality information (Office of Population Affairs, 2011).

Important facts as to why Title X and its programs are vital are (State Facts about Title X and Family Planning: Utah, 2011):

- American women who are not using contraception or doing so inconsistently make up 95% of the three million unintended pregnancies that occur every year.
- In 2008, about 7.1 million women were served at publicly funded family planning centers; two-thirds or 4.7 million women, were centers supported by Title X.
- Title X has funded contraceptive services that led to the prevention of 973,000 unintended pregnancies, which would have resulted in 433,000 unplanned births and 406,000 abortions.
- Without Title X programs, unintended pregnancy and abortion in the United States would increase by one-third.
- Title X-supported centers saved taxpayers \$3.4 billion in 2008, which equals to \$3.74 saved for every \$1 spent providing contraceptive care.
- One in every four poor women fill their contraception needs from a Title X center, as did 17% of poor women who underwent a Pap smear test or pelvic exam and 20% who were either tested or treated for STIs.
- Six in 10 women who obtain care at a Title X-supported center consider it to be their main source of medical care.

3.6.1 Title X in Utah

In Utah, 18% of women who are in their child-bearing years are uninsured. This equates to 187,400 women who were in need of contraceptive service. Women who are uninsured are in the most need of publicly funded health programs geared toward family planning because they cannot pay out of pocket for full priced prescriptions and doctor visits (State Facts about Title X and Family Planning: Utah, 2011).

While Utah has a relatively low rate of unintended pregnancy rate, 45 per 1,000 women between the ages of 15 to 44, these pregnancies are still a burden on society. The 26,000 births from unintended pregnancies cost state and federal governments over \$95 million in 2006 nationwide. In Utah, 5,900 unplanned pregnancies were avoided because of Title X in 2008, preventing 2,600 live births and 2,500 abortions. This equates to 23% higher unintended births (State Facts about Title X and Family Planning: Utah, 2011).

In 2008, over 28,600 women in Utah had their contraception needs met by a Title X-supported center. Of these women who received care, two-thirds had income at or below the poverty line. Most of the family planning centers in Utah are independent clinics, Planned Parenthood clinics, and hospital outpatient clinics. Planned Parenthood had 28,330 clients in 2006 for contraceptive care while other independent clinics had over a thousand clients (State Facts about Title X and Family Planning: Utah, 2011).

What hits home with Title X and Utahn women is that if these services were not available, the number of unintended pregnancies would be 23% higher, and the number of abortions would be 69% higher. While this is not limited to teenagers, 2,445 unintended pregnancies would be to women under the age of 20. This would make the number of teen pregnancies in Utah increase by 55%. To equate these numbers into terms

of economics, Title X–supported centers in Utah saved \$23,028,000 in public funds in 2008 (State Facts about Title X and Family Planning: Utah, 2011).

3.7 Abortion

While there are many emotionally heated discussions on the legality and morality of abortion, it is almost universally agreed upon that the less abortions, the better. However, many women today face the difficult choice to end their pregnancy. Teenagers should not have to make such a hard decision at a young age. The legalization of abortion has had many effects on society. According to economists John Donohue and Steven Levitt, *Roe vs. Wade* was pivotal in the crime rate decline in the 1990s. They argue that the unwanted children, who would have been born to mothers after 1973 if they had not been aborted, would have been much more likely to commit crimes including murder and theft. This is why there was a major decline in crime rates in the United States in the 1990s when those children would have been teenagers (Donohue & Levitt, 2001). While this theory is also controversial, it does show how abortion and unwanted pregnancies can affect society.

In 2008, approximately 750,000 teen pregnancies occurred. Of those, 82% were unintended, 59% ended in birth, and more than one-quarter ended in abortion. The abortion rate for teens did decrease by 59% from its peak in 1988, but is 1% higher than 2005 (Guttmacher Institute, 2012). Overall, the abortion rate decreased nationally 8% between 2000 and 2008, but abortion increased 18% among poor women, while decreasing 28% among higher-income women (Abortion in the United States, 2012). This is another example of the cycle of poverty and teen pregnancies. Poorer women are

more likely to get abortions, mostly because of a lack of contraception knowledge. However, these women were often put in poor situations because of teen pregnancies. Sixty-nine percent of women who choose abortion are considered economically disadvantaged (Abortion in the United States, 2012).

In 2001, there were 1.3 million abortions in the United States (Why It Matters, 2012). Almost half of all pregnancies in the United States were unintended in 2011, and 4 in 10 ended in abortion (Abortion in the United States, 2012). About 567,000 births were to mothers who did not want a child at the time of conception or ever in their future. The likelihood for women of unplanned pregnancies to obtain prenatal care does down, which can lead to an increased risk of both low birth weight and of being born prematurely. These babies are also less likely to be breastfed (Why It Matters, 2012).

Utah was ranked 15th out of 50 states and the District of Columbia in 2010 on teen birth rates. Of all births in Utah in 2009, 6% or 3,382 were to teenage mothers. Nationally, the 414,831 births were to teen mothers or 9% of the births. Of those newborns, 75% were born to Utah mothers outside of marriage, while 87% were born to single mothers nationwide (Office of Adolescent Health, 2012). Also, of those adolescent pregnancies, 15% ended in abortion. Utah is in the top 5 for lowest teen abortion rates in the nation (Guttmacher Institute, 2012).

The legal restrictions in Utah for abortion effective January 2011 are:

- The parent of a minor must consent and be notified before an abortion is provided.
- A woman must receive state-directed counseling that includes information designed to discourage her from having an abortion and then wait 24 hours

before the procedure is provided. Counseling must be provided in person and must take place before the waiting period begins, thereby necessitating two separate trips to the facility.

- Public funding is available for abortion only in cases of life endangerment, physical health, rape, incest, or fetal abnormality.
- Abortion is covered in private insurance policies only in cases of life endangerment, unless an optional rider is purchased at an additional cost.

Health plans that will be offered in the state's health exchange that will be established under the federal health care reform law can only cover abortion in cases when the woman's life is endangered, her health is severely compromised, or in cases of fetal impairment, rape, or incest (State Facts About Abortion: Utah, 2012).

3.8 Cost Related with Incarceration

While there is little to no data available on female incarceration, there is substantial data on males. Sons of 17-year-old or younger mothers are 2.2 times more likely to go to prison. Almost 14% of sons of younger teen mothers have been in prison by their late 30s. This is over twice the number of son of mothers who were 20 to 21, which is only 6%. If these sons were born to a mother in their early 20s compared to their midteens, it would save the taxpayers \$5.3 billion annually in prison costs and decrease the national population of prisoners by 220,000 (Hoffman, 2008).

For mothers who were 18 or 19 when they gave birth the first time, their sons were 40% more likely to ever go to prison and spent about 30% more time in prison by the age of 40. By waiting 1 or 2 years, it would reduce their son's likelihood of

incarceration by 5.8% and their average years spent in prison by 6.7 years. By delaying, these mothers would also reduce the prison population by more than 7,000 and reduce costs by \$175 million. One thing to consider is that these totals do not include the juvenile justice system. However, estimates range from \$35,000 to \$130,000 a year to care for juvenile delinquents. Many adult felons were previously in the juvenile justice system (Hoffman, 2008).

3.9 Daughters Repeating Mother's Mistakes

History tends to repeat itself when it comes to teen mothers and their daughters. Daughters of adolescent mothers are far more likely to be young mothers themselves. Almost one in three teen mothers are daughters of previous teen mothers. If a 17-year-old or younger mother would wait 3 years, the chances of her daughter being a teen mother decrease by 60%, going from 33% to 14%. This would decrease the teen birth rate by more than 27,000 every year. If an 18- or 19-year-old mother waited 1 or 2 years, her daughter's risk of being a teen mother lowers by one-third, resulting in a decrease of 16,000 teen births every year (Hoffman, 2008).

3.10 Fathers of Teen Births

Teenage pregnancy also hurts the father in the situation. While he is not often looked at, there are some harsh punishments too for fathering a child as a minor. Adolescent fathers are far less likely to graduate from high school, and significantly less likely to graduate college than fathers who wait to have children (O'Halloran, 1998). About 80% of fathers of children from teenage mothers do not marry the mother. Only

one out of five fathers pay any support to the mother of their children (Sawhill, 2001). These fathers pay less than \$800 a year annually in child support. This is often due to the fact they cannot afford to make the payments because they themselves are poor (NCPTP, 2010). The fathers are looking at similar fates as the mother of their children, less education resulting in lower paying jobs and lower skill knowledge.

3.10 Savings due to the Decline in the 90s and Early 2000s

Between 1991 and 2004, the total number of teenagers increased by about 21% because of population trends. During the same time, the teen birth rate decreased by a third. This was good for many people. An additional 199,000 children would have been born to teen mothers in 2004. As the previous sections have repeatedly stated, teen births are not good for teen mothers. Because of the decline, the estimated savings for taxpayers was \$6.7 billion alone in 2004. Between 1991 and 2008, Utah alone saved \$86 million due to the decline in teen births (Hoffman, 2008).

There has been an improvement in teen birth rates from the early 1990s. However, while there are still teen births happening by the hundreds of thousands, there is still room for improvement. One thing that should stand out is that the ones who bear the biggest brunt of teen births are not the mothers or society, but the children of teen mothers. Children are brought into an environment that is likely to be low income, higher crime rates, lower education achievement, and lower healthcare options. They will be much less likely to complete high school and significantly less likely to complete college. They will, however, be much more likely to be involved with drugs, go to prison, and have a child as a teenager.

The costs related to the births from teen mothers are a drain on society, not only financially. It is also an issue that hurts the next generation and continues the poverty cycle from mother to child to grandchild. There was a decrease in the amount of teen births in the 1990s. This directly related to the decline in child poverty. If the decline in the teen birth rate between 1991 and 2002 had not been by one third, there would have been 1.2 million more children born to teen mothers, 460,000 more children living in poverty and 700, 000 more children living in a single-female-headed household.

(NCPTP, 2010) Teenage motherhood puts these young women at a much higher risk for becoming impoverished later on in life, along with their child (Lichter, 1997). By limiting these risks, society's young women have more opportunities to make better choices that benefit them, their futures, and their family.

4. RECOMMENDATIONS

While there have been significant decreases in the number of teen pregnancies and birth rates in the United States, more can be done to lower that number. As previously stated in this paper, teen pregnancy is a drain on society, causing unnecessary stress on the families of the mothers and on taxpayers. There are ways to reduce the number of teen mothers by focusing on the sex education system in place and updating it for today's teenager, who is craving for information on their reproductive and sexual health. By giving teenagers the information and then the ability to make their own decisions, they can make the best choices to not start a family early, which would benefit society and their families.

Numerous studies all concluded that the decrease in teen pregnancy in recent years has been due in large part to the increase in contraception use (Feijoo, Alford, & Hauser, 2011; Guttmacher Institute, 2012; Haglund, 2006; Kost, Henshaw, & Carlin, 2012; Lindberg, Santelli, & Singh, 2006; Wind, 2012;). Sex education is important, particularly when contraception is included. Between 2006 and 2008, 23% of teenage girls and 28% of teenage boys received abstinence education that did not include information on contraception. This has increased by three fold since 1995 (Lindberg, Santelli, & Singh, 2006). As the teens get older, they may not always obtain the information. Older teens, 18- to 19-year-olds, confess to knowing little or nothing about condoms or contraception, 41% and 75%, respectively (Guttmacher Institute, 2012).

In 2006, Kristen Hanglund conducted a study where she interviewed young adolescents, their parents, and other professional adults, on their attitudes, opinions, and actions when it comes to sex education. Participants from all three groups did not believe that knowing safe sex practices would encourage young people to have sex. They believed that it could actually help them avoid temptations. Research evidence supports this idea, that sex education including teaching condom use may delay or decrease sexual activity rather than encouraging it (Haglund, 2006). In one study, high school students divided into two groups, one that presented information on abstinence skills only and one that included the use of condoms. Those in the second group were much less likely to initiate sexual intercourse than the abstinence group immediately and 12 months after the intervention (Haglund, 2006).

4.1Classes

4.1.1 Age of Classes

In Haglund's study, 84% of the participants believed that formal sexuality education should begin around the ages of 9 or 10. Most 10-year-olds knew intercourse involved the genitals of a boy and a girl and by the age of 12, most knew what intercourse physically meant, though their knowledge was greatly lacking. They did not understand how intercourse and relationships were connected (Haglund, 2006). This age group is young enough to not have experimented firsthand with sexual behavior, but is old enough to understand what safe sex is and the consequences for not practicing it.

Looking internationally, the average age of first sex education was 12.5 from the Durex study on 15 countries around the world. However, in 42 countries, when asked

what age sex education should begin the average was 11.7, with a standard deviation of .58 (Durex Network, 2010, 2005). Parents and teenagers all over the globe believe that sex education should be happening at a younger age.

Receiving formal sex education prior to their first sexual experience causes teenagers to demonstrate healthier and safer choices, particularly about methods of birth control (Durex Network, 2005; Haglund, 2006; Wind, 2012). Those that were educated on both abstinence and birth control were older on average when they lost their virginity and they much more likely to use contraception. Later on, they reported on having healthier partnerships. Abstinence-only education did delay first sex experience compared to no sex education but did not affect contraception use (Lindberg, Santelli, & Singh, 2006; Wind, 2012). As one 13-year-old girl said, “It is important to tell them about the risks because they might not know about risks and try it” (Haglund, 2006).

Parents, professionals, and teenagers are all in agreement that sex education should continue throughout school, not just happen once, evolving as the child matures. There are age-appropriate topics that can be brought up when the child is mature enough and intelligent enough to understand the information being given.

However, the information needs to be given early enough to catch most adolescents before they initiate sex. By increasing the level of sex education in relation to the child’s development, it also allows for questions that are more relevant such as cohabitation, unmarried parents dating, and homosexual relationships. These topics are not appropriate for all ages, but many teenagers have questions on them.

4.1.2 Class Sizes

There have been arguments for both group co-ed classes and for small, same gender classes. Seven states in the nation recommend same gender classes, while eight discourage it (Mellanby, Newcombe, Rees, & Tripp, 2001). A survey of sex educators found that these teachers were also divided over the issue of whether sex education should be taught in separate courses. The group class would instill a more open forum where sexuality is not something to whisper about. It also fosters better male-female relationships, where men learn about what women must go through in puberty, and vice versa, while sitting next to someone of the other gender (Mellanby, Newcombe, Rees, & Tripp, 2001). For small, all gender groups, the idea is that each group would feel more comfortable talking in an intimate space where they share the same concerns, such as menstruation or erections. There would most likely be less laughing and snide remarks (Mellanby, Newcombe, Rees, & Tripp, 2001).

All the participants in Haglund's study agreed that sexuality should be taught in a community setting such as schools or youth groups. Parents consistently reported that they valued sexuality education in the schools because it "broke the ice" and eased the initiation of the conversation at home. It also reinforced what the parents taught at home in a more "technical way" (Haglund, 2006).

4.2 Parent, Teacher, and Society Education

4.2.1 Parents' Influence

Many parents wait for their child to bring up the topic and most children were too embarrassed or afraid to bring up sex to their parents (Haglund, 2006). As one nurse

practitioner said, “They [a group of mothers of teenagers] were like ‘well my daughter knows she can come to me’ or ‘she knows about Planned Parenthood.’ They were just, in my mind, sort of ignorant to the reality of maybe your child is not going to feel comfortable coming to you and talking to you about sex. Maybe they feel comfortable about everything else but [sex]” (Haglund, 2006).

Our society preaches that parents should be the main influence over sexuality of their teens, but they may not be completely knowledgeable on the topic. It is flawed logic to assume that because a person or people have reared a child, they understand the reproductive process and related material enough to teach it to their children.

There should also be optional, outside of school workshops available for parents and their children to attend together. Parents are assumed to be knowledgeable as educators about sexual health, but that may not always be the case. One study found that 47% of parents believed that condoms were highly effective against sexually transmitted diseases and 40% believed condoms were highly effective for pregnancy prevention. However, the CDC stated that condoms prevent HIV and other STIs 98 to 100% of the time. Nearly half of all parents surveyed underestimated the effectiveness of oral contraceptives and questioned their safety, even though the pill is considered safer than childbirth (Eisenberg, 2004).

Only 11 states recommend classes for parents that complement the students' school work. By involving parents, the information is now being given at school and at home (Haglund, 2006). The more places that youth's find out about sex, the more knowledge they will acquire. In some instances, when parents are involved in program planning, they frequently request such sex education for themselves.

4.2.2 Teacher Training

Because this is not only an education issue, but also a government one because of the funding, there needs to be a class or workshop given to teachers, so all the children are being given the same, standard, and correct information. The purpose of many sex education classes in high school and junior high is not merely to fill the gaps in the knowledge of adolescents, but to disprove myths and correct fraudulent information. Teachers need to know the facts of what they are teaching or there is no point of having a fact-based curriculum. There needs to be a packet these teachers can be given so they can reference it for their lesson plans. These classes need not be annual, since most information about sex does not change. Maybe the teachers should go every 5 years or so to refamiliarize themselves with the information.

4.2.3 Changing Attitudes

Looking at the United States and Europe, the main difference is attitudes about sex and its role in society. Utah, being a particularly conservative state, could greatly benefit from having a more open mind on sexuality. There is a great divide among health care professions, policy makers, teachers, and parents about what is appropriate and what is not (see previous section on Utah House Bill 363). By adopting a stance that sexuality is normal and not something to be ashamed of, discussions between adolescents and adults that will facilitate better decision making. “The United States can achieve social and cultural consensus that sexuality is a normal and healthy part of being human and of being a teen” (Feijoo, Alford, & Hauser, 2011). Sex will be a less rebellious act by teens if sex is not viewed as taboo, but as something important and meaningful.

4.3 Curriculum

As the information in the previous sections and the beginning of this section have clearly stated, fact-based information is what is best for teenagers. Significantly more attention needs to be paid to contraception, both in reducing the number of teen pregnancies, but also sexually transmitted diseases and infections. While this paper does not focus on STIs, it is another topic related to sex education. Approximately nine million new STIs occur among teens and young adults in the United States every year. This statistic, just like those on teen pregnancy, are extremely high compared to other developed countries (Guttmacher Institute, 2012). Contraception and safe sex practices are necessary in sex education. Without those lessons, teen births do not decline, STIs continue to rise, and society as a whole is lacking in crucial information on their health. Europe focuses their sex education on contraception, which is listed as the biggest factor in the difference between them and the United State's education systems (Durex Network, 2005, 2010; Feijoo, Alford, & Hauser, 2011).

In addition to contraception, STIs, and safe sex practices, a more well-rounded education program could be put in place. This would firstly help alleviate some of the arguments between the liberal and conservative sides of the debate, but more importantly, it would give our teenagers the information so they can make sound decisions about their health and the health of those they chose to have sexual relationships with. The following are suggestions to modify or add to the current curriculum in schools.

4.3.1 Slang

Another topic that should be included, particularly in teachers' and community leaders' workshops, would be the slang and scientific vocabulary. Preteens and teens are going to be more familiar with slang, but need to have a working knowledge of what those colloquial terms actually are. What is typical in everyday language is not usually scientific accurate and often misleading. Examples of such euphemisms are, "vajaja," "johnson," "rack," "Jessica and Simon spent the night together," "Whitney sleeps around," "Heidi and Jared are friends with benefits," and "Gina and Andy are having an affair." The meanings behind these statements and what they imply is important to discuss. While rap and hip hop have glamorized being a pimp, young people need to know the real information, that prostitution is illegal and immoral.

4.3.2 Family Life Planning

Sex education classes should not be limited to just intercourse. Family planning classes include talking about how choices made can affect a person's life later on. The goals of family life education are wide ranging. In public schools, it involves the promotion and understanding of life cycles, stages of family life and development. When Public Law 94-482 was passed, more money was made available to the states for further education on consumer and homemaking programs to specifically include information about family living, parenthood, child development, and guidance (Harriman, 1986). The general mission of family life classes is to help people understand the importance of the decisions they make, how it will affect them and their family in the future. This included lessons on sexual choices and behavior, family stresses and methods of dealing with those stresses, and the interaction of the family in society (Harriman, 1986).

If family life classes are going to have any relevancy in teen's lives, they need to be up to date and informative. This is one way that sex education can transition between grades and ages for students. Further, this is another way to involve parents in the curriculum. If parents were asked to be part of assignments that students must complete, teachers, students, and parents would all be included in the lessons. If teens thoroughly understand the weight of their decisions on sex, they would be less hasty to make rash decisions and use risky behaviors.

4.3.3 Feelings and Emotions

There needs to be discussions on puberty. Many teens and parents alike are too embarrassed or uncomfortable to bring up the changes that are happening to teens' emotions and bodies, but the fact is they are happening. We should be educating our teenagers on something that affects each and every one of them. An example of one of these issues would be wet dreams and other aspects of sexual arousal, including what arousal feels like, how to handle such feelings, and how arousal is different from love. If teenagers can separate their feelings of love and lust, they should make better decisions. Often times girls who believe they are in love with their boyfriends will feel pressure to have intercourse with them, but if these girls were taught what adult relationships were like and that they may be experiencing lust, not love, they could choose to not experiment sexually.

Many parents and adults believe that classes should focus more on sexuality compared to just sexual acts. This would include interpersonal relationships, emotional development, and the views of different cultures on sexuality. In Haglund's studies, it

was unanimous that children should be taught, repeatedly, to respect themselves and those around them. These would include personal boundaries, creating and maintaining a self image, how self images can be portrayed to others and the effects of that, and listening to ones' conscience.

4.3.4 Question Box

One thing that is critical for adolescents, particularly teenagers, is to have a place to ask questions where they do not feel like they are being judged or looked at as if they are strange. It is important for youths to feel comfortable, otherwise they will not attend class or retain any of the information. It needs to be socially acceptable to have an open policy about sexuality discussions, which adults should be able to model for teens. Many students request an anonymous question box, so when they have a question, but feel too embarrassed to raise their hand, their quandaries can still be answered.

4.3.5 Workbooks

Workbooks would give a good base knowledge for both parents and students, while fostering a starting ground for communication. Each school at the beginning of the year should send home materials to help parents answer their students' questions. The parents will have an idea of what is being taught and should be prepared for questions from their child. Throughout the school year, assignments and projects that involved the parents and students could be found in the workbook. Having something that makes the student ask their parents for help, while making the parents more educated, can only benefit both parties.

Progress can be made in lowering teen pregnancies. Proactive steps need to be made before poor decisions lead to lower quality of life. By updating Utah's sex education system, to be more factual, more extensive, involve parents and teachers more, and focus not only on sex, but also their whole well-being, teens will be given the best chance to make the right decisions. More information is always considered better than less, so why would we not give our teenagers the valuable information that directly relates to their success and happiness?

CONCLUSIONS

While the reduction in pregnancy rates among teenagers in the last decades has been encouraging, further efforts are still needed to continue the decline. Teen childbearing is associated with adverse consequences for teen mothers, fathers, and their children. By decreasing the number of teen births, poverty rates would be improved as well as GDP.

Poverty unequally affects women and mothers much more than men. Women have higher incidents of poverty, are more likely to be in poverty in all age categories, and more likely to have their next generation stay in poverty (Little, 2012). Approximately one in three female-headed households are in poverty (Langston, 2010). There are approximately 4,100 more single women than all men on public assistance (Little, 2012). Poverty is a gender issue. Reducing rates of poverty would lead to less welfare expenditures and higher GDPs. Standards of living would increase, which in unsteady economic times such as these would be beneficial.

Society would not only see the affects of reduction of poverty, but so would future generations. Children born into poverty are significantly more likely to stay under the poverty threshold. For 2008, the number of impoverished children was 91,706 (Haven, 2011). It is estimated that child poverty costs this country about \$500 billion per year. It reduces productivity and economic output by 1.3% of GDP, increases health expenditures by 1.2% of GDP, and raised crime costs by 1.3% of GDP (Haven, 2011).

Teen pregnancy and the children that are a result can be a drain on society. They also hinder themselves in their future earning potential from lower education and lower productivity (Hoffman, 2008). Teen childbearing is costly to the public sector: federal, state, and local governments, and the taxpayers. It is estimated that \$8.4 billion was saved nationwide by taxpayers in 2008 due to the approximately one-third decline in the teen birth rate between 1991 and 2008. In the state of Utah, taxpayers saved about \$40 million in 2008 by the 27% decline in teen births between the same time period (NCPTUP, 2011).

By decreasing risk factors that lead to teenage births, the mother, the child, and society would benefit. If a 17-year-old or younger mother would wait 3 years, the chances of her daughter being a teen mother decrease by 60%, going from 33% to 14%. This would decrease the teen birth rate by more than 27,000 every year. If an 18 or 19-year-old mother waited 1 or 2 years, her daughter's risk of being a teen mother lowers by one third resulting in a decrease of 16,000 teen births every year (Hoffman, 2008). Think of the savings that would be in the long run and the life time of that child. The child will also not be as likely to be in poverty, although if they are impoverished, they will be less likely to stay poor.

Unwed mothers are significantly more likely to be in poverty. About half of the young mothers live alone, with neither a male partner nor a parent (Maynard & Rangarajan, 1994). There are many well-documented consequences of child poverty, including lower academic performances, physical growth, cognitive development, behavioral problems, depression, and lack of adult productivity (Lichter, 1997).

What is placing children into these dangerous and harmful situations is many times the poor choices of their mothers. If the mothers had had a better education, they would be less likely to make choices or be put into situations that would lead to poverty, by getting a thorough education, which includes staying in high school and getting into college. Sex education may not be a direct determinate of how far a girl will go in school, but the lack of one can definitely hinder her academic performance. Without a good sex education, teenagers will be more likely to make poor choices that will affect them the rest of their lives. If a girl was given the proper information about her sexual behavior and the consequences to her actions, she will be much more likely to make choices that will benefit her in the long run, not only her, but her future children and society as a whole.

The United States could reach the teen pregnancy rates of the rest of the developed world if it would update its sex education programs. By educating on contraception, less unintended children will be born. As previously stated in this paper, unintended births have negative consequences for both the mother and child, as well as society. If American society could become more comfortable with sexuality and if government programs committed to creating greater and easier access to sexual health information and services, we would see considerable improvement in teen sexual health and outcomes. Teen pregnancies, births, and abortions could be cut in half, in addition to welfare and health expenditures.

Sex education is one element that preemptively stops teens from engaging in risky sexual behavior. By giving teenagers accurate and up to date information, they would make good choices for themselves and their partners. Education has been said to be the

bedrock of philosophical, social, and economic development. Then there is no excuse for not educating students with all the information available in hopes that they use the information to better themselves and their lives.

Women who give birth as teenagers are likely to be in poverty. Their children are likely to stay in poverty as well as their grandchildren. Poverty hurts families, societies, and economies. There are no externalities in reducing teen mothers, especially when its effects could be seen throughout the economy and through generations. Greater and more in-depth sexual education would lower teen pregnancies, births, and abortions. With a little more funding and effort on behalf of the governments, both state and federal, as well as the school boards and teachers, our teenagers could make better choices because they are given the tools to do so. Poverty rates would lower and the well-being of our state and nation would greatly improve.

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